

<b>POLICY AND PROCEDURE MANUAL</b>		
<b>BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES</b>		
<b>SUBJECT: Complaint Process</b>	<b>CHAPTER:</b>	
<b>SUBJECT NUMBER:</b>	<b>CHAPTER NUMBER:</b>	
<b>APPLICATION:</b> <u>  X  </u> Field Service Offices <u>  </u> Ft. Wayne State Developmental Center <u>  </u> Muscatatuck State Developmental Center <u>  X  </u> Central Office		
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**I.     POLICY/ PURPOSE STATEMENT**

It is the policy of the Bureau of Developmental Disabilities Services to ensure prompt investigation and resolution to any issues or concerns received by telephone or in person or as a filed incident report that does not meet reporting requirements per the Incident Reporting Policy.

**II.     STANDARDS**

Not applicable

**III.     DEFINITION(S)**

- a) “Incident Reporting Process” – the process established for reporting any event or occurrence characterized by risk or uncertainty, resulting in having the potential to result in, significant harm or injury to an individual or death of an individual.
- b) DD Waiver Ombudsman – By Indiana Code 12-11-13, the Ombudsman receives, investigates, and attempts to resolve complaints and concerns that are made by or on behalf of an individual who has a developmental disability and receives services under a waiver under the federal home and community based services program.
- c) It is important to be able to differentiate between routine problems/issues/concerns that are resolved on the local level and complaints/issues/concerns that rise to the level that they need to be tracked and dealt with through the complaint process. Criteria that help identify complaints include:
  - Any issue that has been dealt with in the past but according to the complainant is still unresolved.
  - Any issue that requires follow-up and coordination with other staff, including central office staff. This does not include an issue that is dealt with immediately by local staff or that is followed-up and closed in a short period of time without any complications, unless the issue falls into the other categories listed. This does include issues that need involvement of central office, and/or that are policy/process issues that require long-term follow-up.
  - Any issue that deals with overarching policy/process concerns that cannot be resolved on local level. Staff would still close the issue with the complainant in the appropriate manner (when possible) and document the issue so that the Bureau of Quality Improvement Services can identify systemic issues that need to be addressed. These issues may include eligibility issues, waiting list issues, etc.
  - Issue/complaint about quality of care being provided that does not meet the level of requiring an incident report. Some complainants may call with concerns about care

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#### IV. REFERENCE

## V. EXHIBITS

## VI. PROCEDURE

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- I. Complaint received by DDARS staff. Person receiving complaint collects as much of the following information as possible/applicable from the caller on the Issue/Complaint Tracking Form, including but not limited to:
  - A. Consumer Name;
  - B. Consumer Address;
  - C. Guardian Name;
  - D. BDDS district;
  - E. BDDS Service Coordinator;
  - F. AAA district;
  - G. Case manager;
  - H. Provider name and phone number;
  - I. Date reported;
  - J. Reported by; and
  - K. Thorough description of issue or complaint, including dates and times.
- II. The person receiving the complaint then determines, based on the information provided:
  - A. If an incident report needs to be filed;
  - B. If the complaint needs to be referred to appropriate staff to resolve (BDDS staff, DD Waiver Ombudsman, case

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- manager, etc); and
- C. The amount of time needed to follow-up and resolve complaint. DDARS' standard is to contact the caller within three business days to inform them of the progress made on the complaint. Unless otherwise noted, complaints should be resolved within seven calendar days.
- III. If an incident report needs to be filed by the person receiving the complaint, (s)he:
- A. Informs the caller (complainant) that an incident report will be filed;
- B. Fills out an incident form;
- C. Notifies appropriate agencies, including client's case manager or service coordinator of incident so that they can complete the follow-up. Person completing follow-up must contact complainant within 7 calendar days per the Enhanced Incident Reporting Policy;
- D. Notes on Issue/Complaint Form that incident report is required and, under the "COMMENTS OR RESOLUTIONS" field, notes that complaint follow-up will be tracked in incident database;
- E. Forwards incident form to Incident Database Coordinator; and
- F. Inputs information from the Issue/Complaint Form into the Issue/Complaint Tracking Database.
- IV. If the person receiving the call can resolve the complaint, (s)he:
- A. Completes appropriate actions to resolve situation within seven calendar days;
- B. Calls the complainant to inform them of progress made within 3 business days and to inform them of resolution within 7 calendar days; and
- C. Enters all information into database, including thorough documentation of resolution.
- V. If the person receiving the call determines complaint should be referred (no incident report is required) (s)he:

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- A. Informs the complainant of referral, gives name, title and phone number of person complaint is being referred to, and informs complainant that this person will contact them with updates/resolution;
  - B. Informs the complainant, if person receiving call is unsure who the complaint should be referred to, that complainant will be called back within 24 hours with an update on who the complaint has been referred to;
  - C. Informs complainant of anticipated time frame for resolution/update; and
  - D. Immediately enters all information into Issue/Complaint Tracking Database, including “REFERRED TO”, and notifies the staff person taking over the complaint of the situation.
  
- VI. Staff member receiving referral:
  - A. Completes appropriate actions to resolve situation within 7 calendar days;
  - B. Calls the complainant to inform them of progress made within 3 business days and of final resolution within seven calendar days; and
  - C. Documents actions in the database.
  
- VII. On the 15<sup>th</sup> and 30<sup>th</sup> of each month follow-up is completed by Quality Improvement Services staff and the DD Waiver Ombudsman to ensure that complaints are appropriately resolved.
  - A. If the client is on a waiver, the DD Waiver Ombudsman calls the complainant to verify that the issue/concern is resolved.
  - B. If the client is not on a waiver, QIS staff calls the complainant to verify that the issue/concern is resolved.
  - C. The results of the call are noted in the “COMMENTS OR RESOLUTIONS” section.
  - D. If the complainant does not believe that original issue was adequately addressed, the person completing the follow-up call can reopen the complaint. The decision should be based on both the original issue/complaint and the documented follow-up and resolution that was

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completed.

- E. Samples of complaints may be chosen for follow-up depending on the number of complaints received.

**VIII. Monthly reports**

- A. Each month a report listing unresolved complaints over 15 days old will be reviewed by the Deputy Director of QIS and the Deputy Director of BDDS and the individuals responsible for resolution will be notified to follow-up on complaint unless it is noted in the database the reason why the complaint is still open.
- B. A list of unresolved complaints over 60 days old will be forwarded to the Deputy Director of QIS, the Waiver Ombudsman, and/or a representative from BDDS for follow-up with appropriate staff.
- C. A monthly report by the Deputy Director of QIS will be completed that includes, but is not limited to:
- (1) Total number of complaints for month;
  - (2) Total number of complaints by type of complaint;
  - (3) total number of complaints by type of services;
  - (4) Number of unresolved complaints;
  - (5) Average age of unresolved complaints;
  - (6) number of unresolved complaints over 30 days; and
  - (7) Range of age of unresolved complaints.

**Types of Complaints**

- I. The database will include a drop down menu of categories of complaints for reporting purposes. These categories may include:
- A. Quality of services - concerns with quality of care provided;
  - B. Quantity of services - concerns that provider not meeting contracted amount of services, concerns that individual needs higher quantity of services that are not funded etc;
  - C. Staffing issues - not enough staff, untrained staff, staff late etc;
  - D. Policy issues - concerns with existing policy, need for new policy, etc;

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- E. Systemic issues - need to change how services are delivered;
- F. Case management issues - concerns with individual CM, concerns with role of CM, etc;
- G. Fiscal issues - misuse of consumer funds, Medicaid fraud, need more funding etc.

**Documentation**

- I. Thorough documentation of complaints must be completed on the Issue/Complaint Tracking Database.
- II. Under “COMMENTS OR RESOLUTIONS”, each action taken to resolve complaint should be preceded by an “A”, comments should be preceded by a “C”, the resolution should be preceded by an “R”, and the Quality Improvement (QI) follow-up should be preceded by “QI”.
- III. Time frame for resolution should be seven (7) calendar days, unless otherwise noted in the complaint database. The complainant should be contacted within 3 business after calling in a complaint with an update.
- IV. For complaints that are not resolvable within seven calendar days, weekly updates should be entered to monitor the progress of the complaint resolution.

**“Issues/Complaints” Received from Central Office (in the form of incident reports)**

- I. The incident reporting process provides detailed reporting requirements for incidents. However, it may not always be clear whether an incident should be reported to Central Office. When in doubt, the reporter should go ahead and send the report. District offices will continue to receive a copy of each incident report and follow-up report as outlined in the incident reporting policy. Central Office staff will review each incident form and determine how it should be coded. If it is determined that the incident meets reporting requirements, the incident will be entered into the database with a seven day timeframe for follow-up.
- II. If the incident does not meet the reporting requirements, the district offices will receive, on the 15<sup>th</sup> and 30<sup>th</sup> of each month a listing of incidents received in Central Office

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which did not meet the criteria for incident reporting. The process will be as follows:

- A. District offices will continue to receive copies of all incidents involving individuals receiving services in their region.
- B. District offices will receive a list from Central Office, on the 15<sup>th</sup> and 30<sup>th</sup>, of new incident reports that did not meet the reporting requirements. When this occurs, the District Manager should review the incident and determine if the information from the incident report meets the criteria for a complaint. If it does, then the information should be entered into the complaint database and tracked by the District Office. If it does not meet the criteria for a complaint, then this should be noted on the incident report and the report should be filed.
- C. The follow-up for incidents that do not meet reporting requirements should still be completed by the appropriate person as designated in the Incident Reporting Policy. The follow-up information should still be sent to all appropriate parties, including Central Office and the District Office. However, tracking of the follow-up reports will be the responsibility of the District Office, not Central office.
- D. The district office will be responsible for managing the complaint database and ensuring that follow-up is completed in a timely manner.
- E. If follow-up has not been received in a timely manner, the district office should contact the responsible party for follow-up directly.
- F. If the District Office is not receiving the original incident reports and/or follow-up reports, then they should contact the responsible party and inform them of the reporting requirements.
- G. The Bureau of Developmental Disability Services and the Bureau of Quality Improvement Services will have the ability to run aggregate reports from the information entered on the Complaint Database. Therefore, data entry on the previous month's complaints must be

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completed by the 5<sup>th</sup> of the following month to ensure that the reports are accurate.

**Complaints Received by DD Waiver Ombudsman**

1. Complaints received by the DD Waiver Ombudsman will be entered into the Complaint database unless the Ombudsman determines the complaint involves confidential information.
2. If the complaint involves confidential information the DD Waiver Ombudsman will track the complaint in the DD Ombudsman database.
3. The Ombudsman will not refer the complaint but will work with consumers, family members, District Managers, Central Office staff, providers, and case managers to bring the complaint to a resolution.
4. District Managers and Central Office staff who are contacted by the DD Ombudsman concerning a complaint will work directly with the Ombudsman to resolve the complaint. If other staff's involvement is needed to resolve the complaint, the District Manager or Central Office Staff will work with this staff and forward any pertinent information to the DD Waiver Ombudsman.
5. The DD Wavier Ombudsman will document all efforts made to resolve the complaint in the database, and will close out the complaint only after he has confirmed with the consumer and/or family member that the resolution is satisfactory.